

Clients

Client Intake By Date

12/2/2016

NOTE: (*) Asterisked Fields are Required

Date of Birth *

SSN (last 4) *

Client Status

Discharge Reason *

Discharge Date *

Outcom

Do you have health insurance? *

☐ Medicaid ☐ Private Insurance ☐ Uninsured

Required

Are you a student? *

☐ Yes ☐ No

Required

Current Education Level *

Required

Do you have a GED?

☐ Yes ☐ No

Required

Are you employed? *

☐ Yes ☐ No

Required

Mother's Income \$ *

Required

Frequency of Pay *

Marital Status *

Required

Household Size *

Required

Living Arrangements *

Required

Do you smoke cigarettes? *

☐ Yes ☐ No

Required

Do you use street (illegal) drugs? *

☐ Yes ☐ No

Required

Do you drink alcohol

☐ Yes ☐ No

Required